

RECEIVED
CENTRAL FAX CENTER
DEC 20 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(LHTLG No. 03,139)

In re Application of:)	
Robert E. Mitchell)	Examiner: Firdic, Jr., Willimon
Serial No. 10/767,183)	
Filed: 29-January-2004)	Group Art Unit: 3722
For: ADVERTISING MATERIALS AND METHOD FOR COOPERATIVE PROMOTIONS)	
U.S. Patent No. 7,007,979)	Confirmation No. 4646
Issued: March 7, 2006)	


Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

FACSIMILE TRANSMITTAL LETTER
(2 pages including this page)

1. We are transmitting herewith the attached papers for the above identified patent application:
☒ Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
37 C.F.R. §1.36 (1 page).
2. **FEES:** No fee is required.
3. **GENERAL AUTHORIZATION TO CHARGE OR CREDIT FEES:** Please charge any additional fees or credit overpayment to Deposit Account No. 50-2281 for Lesavich High-Tech Law Group, PC.
4. **CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8:** The undersigned hereby certifies that this Transmittal Letter and the papers, as described in paragraph 1 hereinabove, are being facsimile transmitted to United States Patent and Trademark Office (USPTO centralized facsimile number 571-273-8300) on this 20th day of December, 2006.

Lesavich High-Tech Law Group, P.C.

December 20, 2006


Stephen Lesavich
Registration No. 43,749

1 of 1


RECEIVED
CENTRAL FAX CENTER

DEC 20 2006

PTO/SB/83 (01-06)

Approved for use through 12/31/2006. OMB 0651-0035

U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS 37 C.F.R. §1.36	Application Number	10/767,183	
	Filing Date	January 29, 2004	
	First Named Inventor	Mitchell	
	Art Unit	3722	
	Examiner Name	Willmon Fridie, Jr.	
	Attorney Docket Number	03,139	
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
Please withdraw me as attorney or agent for the above identified patent application, and <input type="checkbox"/> All the attorneys/agents of record <input type="checkbox"/> The attorney/agents (with registration numbers listed on the attached paper(s), or <input checked="" type="checkbox"/> All the attorneys/agents associated with Customer Number 32097			
The reasons for this request are: <u>The Applicant has declined to pay for the Attorney for further services and has declined to pay the Attorney for a large outstanding balance for services already rendered.</u>			
CORRESPONDENCE ADDRESS			
1. <input type="checkbox"/> The correspondence address is NOT affected by this withdrawal. 2. <input checked="" type="checkbox"/> Change the correspondence address and direct all future correspondence to: <input type="checkbox"/> The address associated with Customer Number: _____			
OR			
<input checked="" type="checkbox"/> Individual Name	Mr. Robert Mitchell		
	Address F.A.C.E. Trading Inc. 5330 - 50 th Street		
	City Kenosha	State Wisconsin	Zip 53144
	Telephone 262.945.9530		Email chip@couponroad.net
Signature			
Name Stephen Lesavich, PhD	Registration No. 43,749		
Date December 20, 2006	Telephone No. 312.332.3751		
NOTE: Withdrawal is effective when approved rather than when received. Unless there is at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request is normally disapproved.			